



Office Use: *[Handwritten initials]*

Statement of Committee Organization

1. Statement Information

Date: August 14, 2016
 Type: New Amended (if amending, enter MEC ID C161322 & section changed _____)

2. Committee Information

Friends of Tom Oldenburg
 Name of Committee
6430 Winona Ave, St, Louis, MO 63109
 Committee Mailing Address, City, State, & Zip
(314) 420.4846
 Telephone Number
City of St. Louis Board of Elections
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Christopher Hohn
 Treasurer's Name (First & Last)
5107 Donovan Ave, St. Louis, MO 63109
 Treasurer's Mailing Address, City, State, & Zip
n/a
 Deputy Treasurer's Name (if one appointed)
n/a
 Deputy Treasurer's Mailing Address, City, State, & Zip
(314) 602.6159
 Treasurer's Home Telephone Number
(314) 552.6159
 Treasurer's Work Telephone Number
n/a
 Deputy Treasurer's Email Address (optional)
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 Dep. Treasurer's Home Telephone Number
()
 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

n/a
 Additional Committee Officer's Name & Title (if any)
n/a
 Connected Organization's Name (if any)
n/a
 Additional Committee Officer's Mailing Address, City, State, & Zip
 Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

<u>Thomas R. Oldenburg, 6430 Winona Ave, St. Louis, MO 63109</u> Name & Mailing Address, City, State & Zip of Candidate	<u>(314) 420.4846</u> Telephone Number (Candidate Committees Only)	<u>()</u>
<u>March 5, 2019</u> Election Date	<u>16th Ward Alderman, City of St. Louis, MO</u> Office Sought & Political Subdivision	<u>Democrat</u> Political Party
		<u>SUPPORT</u> Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

<u>n/a</u> Name of Ballot Measure	<u>n/a</u> Election Date & Political Subdivision	<u>n/a</u> Support or Oppose
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8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Christopher M. Hohn
 Committee Treasurer
[Signature]
 Candidate (Candidate Committees Only)